

## ROUTING AND TRANSMITTAL SLIP

Date

4 Sept 87

TO: (Name, office symbol, room number,  
building, Agency/Post)

Initials

Date

1. CCISCHO/ICS

2. 1012 Ames Bldg.

3. Attn: 

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

## REMARKS

The original was mailed to This is an advance copy in light of  
the time constraint.

Sorry for the delay.

DO NOT use this form as a RECORD of approvals, concurrences, disposals,  
clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

Phone No.

C/PB/PPS

5041-102

☆ U.S. GPO: 1986-491-247/40012

OPTIONAL FORM 41 (Rev. 7-76)  
Prescribed by GSA  
FPMR (41 CFR) 101-11.206

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